| DATCHY ARRIVATION TO A PROPERTY. | | | | Application or Docket Number | | | | |
|--|--|--------------------------------|---------------------|------------------------------|--------------|-------------------------|------------------------|--|
| PATENT APPLICATION FEE-DETERMINATION RECO | | | | 10615313 | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | ENTITY | | | R THAN | |
| TOTAL CLAIMS | | | TYPE | | OR | | LENTITY | |
| FOR | OR NUMBER FILED | | BASIC | | - | RATE | FEE | |
| TOTAL CHARGEABLE CLAIMS | minus 20= | NUMBER EXTRA | ┨ ┣╼╼╼ | - 101010 | OR | BASIC FE | 1 10,00 | |
| INDEPENDENT CLAIMS | | | | XS 25-2 OF | | xs 50 | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | × la | 年 | OA | * 200° | 1 | | |
| • If the difference in column 1 is less than zero, enter *0* in column 2 | | | +. 180 | | OR | +360= | | |
| CLAIMS AS AMENDED - PART II | | | TOTAL | | OR | TOTAL | Ŀ | |
| (Column 1) (Column 2) (Column 3) | | | | L ENTITY | OR | OTHER SMALL | | |
| Total • 31 Independent | HIGHE NUMBE PREVIOU PAID FO | ST ER PRESENT ISLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| Total • 3 | Minus + 30 | 7 = 1 | xs25. | | OR | X\$.50= | | |
| Independent • | Minus . | } • — | . ×100- | | OR | x(20)= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | +1 180: | | | + 3602 | | |
| · No he | | | TOTAL ADDIT, FEE | 1 | ~ - | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | اللحجيا | O., AD | OIT. FEEL | | |
| CLAIMS REMAINING AFTER AMENDMENT | HIGHES NUMBEI PREVIOUS PAID FOI | R PRESENT | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| <u> </u> | linus + 31 | | X\$X= | | OR > | (\$ <i>G</i>)= | | |
| Independent A 3 M | inus + 3 | <u> </u> | × 100 = | C | OR 7 | 1200 | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | + 180= | , · c | | 360- | | |
| | | | | o | R ADI | TOTAL XT, FEE | | |
| (Column 1) | (Column: | | | | , | | | |
| REMAINING AFTER AMENDMENT | NUMBER PREVIOUSL PAID FOR | PRESENT Y EXTRA | RATE | ADDI- TIONAL FEE | A | | ADDI- IONAL FEE | |
| Total + Min | | | XS JE | 0 | R X | \$ 502 | | |
| | NS | a . | × 190% | oi | `- | 201 | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | + 180= | | ` — | | | |
| of the entry, in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." All the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." All the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." All the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." | | | | OF | ADDI | 3602 TOTAL T. FEE | | |
| The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |